



CHILTON POLICE DEPARTMENT

Chief Larry Seipel

42 School Street

Chilton, WI 53014

Telephone: 920-849-4855 FAX: 920-849-3564

SERVICE TO THE COMMUNITY IS OUR PRIMARY BUSINESS!

CONSENT AND RELEASE OF LIABILITY (JUVENILE)

I, parent or legal guardian of the minor named below, give my consent to said minor participating at his or her own risk in the "ride-along" program of the Chilton Police Department. I understand that said minor will ride in a Chilton Police Department vehicle which will respond to all manner of emergencies as circumstances may warrant. Understanding the risks his or her personal safety inherent in this activity, I do hereby for and on behalf of said minor, and his or her personal representatives, heirs and assigns, and for myself, my personal representatives, heirs and assigns, waiver, relinquish, release, forever discharge, and agree to hold harmless the City of Chilton, Wisconsin and the Chief of Police, City of Chilton, Wisconsin, his officers, employees, agents, heirs, personal representatives, successors and assigns, and all law enforcement agencies contemplated by this document, from any and all claims, demands, damages, costs, expenses (including attorney fees and disbursements), loss of services, actions and causes of action for any injury that he, she or I may thereafter sustain as a consequence of any actions or inactions of the parties being released, arising from any act or occurrence on, in, or around any vehicle owned or operated by the Chilton Police Department or elsewhere in relation to said minor's voluntary activities with the Chilton Police Department.

I further agree to comply with the Ride Along Program Guidelines. A copy of which I have received.

I AM A COMPETENT ADULT AND HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

Signed and sealed this _____ day of _____

(Check one) _____ Parent _____ Legal Guardian of

Minor's full name and date of birth

Minor's Signature

Signed in presence of:

Witness: _____

Signature of parent / guardian

Witness: _____

Street Address

City, State, Zip Code

Telephone Number

Approved by committee